FEE TRANSMITTAL

FY 2009

(Effective October 2, 2008)

Complete if Known			
Application Serial No.	10/666,997		
Filing Date	SEPTEMBER 18, 2003		
First Named Inventor	CAROL CARTER		
Group No.	1648		
Examiner Name	L. HUMPHREY		
Confirmation No.	6642		

METHOD OF PAYMENT					FEE CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES					
					Large	Small	ELLO .		
☐ Check ☐ Money Order ☑ Other				Entity	Entity				
	The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-0548				Fee(\$)	Fee (\$)	Fee Description	Fee Paid	
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and 1.17.					50	25	Surcharge - late provisional filing fee or cover sheet		
Overpayment Credit.					130	130	Non-English specification		
Applicant claims small entity status.					2,520	2,520	Request for ex parte re-examination		
FEE CALCULATION					130	65	Extension for reply within 1st mo.		
1. BASIC FILIN	G, SEARCH		KAMINATION	FEES	490	245	Extension for reply within 2 nd mo.	\$245.00	
Application Type	Filing	Search	Examination	Fee Paid	1,110	555	Extension for reply within 3 rd mo.		
Utility	330	540	220		1,730	865	Extension for reply within 4th mo.		
Design	220	100	140		2,350	1,175	Extension for reply within 5 th mo.		
Plant	220	330	170		540	270	Notice of Appeal		
Reissue	330	540	650		540	270	Filing a brief in support of an appeal	\$270.00	
Provisional	220	0	0		1,080	540	Request for oral hearing		
	Sn	nall Entity			400	0	Petitions to the Director		
		1.	TOTAL	L	180	180	Submission of IDS		
2. EXCESS CLA	AIM FEES	Paiconac age	Fee	Small Entity Fee (\$)	810	405	Filing a submission after final rejection (37 CFR 1.129(a))		
	d more than in the			26					
Each indep	endent claim ove	er 3 or, for R	eissues, 220	110	810	405	For each additional invention to be		
each indep	endent claim moi			110	100	100	examined (37 CFR 1.129(b))		
patent.			100	100	Certificate of Correction for applicant's error				
Total Claims Extra Claims Fee Paid (\$)			140	70	Submission of Terminal Disclaimer				
- 20 or HP= x \$ =									
HP = highest number of total claims paid for, if greater than 20					Other fe	e (Specify)			
Indep. Claims Extra Claims Fee Paid (\$)							-		
2 on IID=				Other for	(Specify)				
-3 or HP= x \$ = HP = highest number of total claims paid for, if greater than 3					Other rec	(Specify)	4. TOTAL:	\$515.00	
Multiple Dependent			ll Entity fee (\$)	Fee Paid (\$)			T. TOTAL.	ψ515.00	
Claims	390	19			_		mom. v 13502777m		
2. TOTAL:					TOTAL AMOUNT SUBMITTED				
2 ADDITION	N CI7E EEE			<u> </u>	(\$515.00)				
3. APPLICATIO	IN SIZE FEE	1				SIGNATURE BLOCK			
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							Respectfully submitted,		
Total E Sheets		Additional thereof	50 or fraction	Fee (\$) Fee Paid	Date: Nov	ember 19,	2009 /Steven B. Kelber/		
round up to a			Reg. No.: 30,073 Steven B. Kelber						
-100 = 0 /50= whole number x = 0.00				Tel. No.: (301) 896-0600 Attorney for the Applicant(s) Fax No.: (301) 896-0607 Berenato & White, LLC 6550 Rock Spring Drive, Suite 240					
3. TOTAL:									
CORRESPONDENCE ADDRESS									
Direct all correspondence to:							Bethesda, Maryland 2081	7	
Steven B. Kelber Berenato & White, LLC									
6550 Rock Spring Drive, Suite 240									
Bethesda, Maryland 20817									
Tel. No.: (301) 896-0600									
		(301) 896-0							
	CUSTON	MER 80308	}						